

PTO/SB/21 (09-04) **AFB** **NEW****TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

43

Application Number

09/471,669

Filing Date

December 24, 1999

First Named Inventor

Anderson, John P.

Art Unit

1652

Examiner Name

Walicka, Malgorzata A.

Attorney Docket Number

015270-006430US

**ENCLOSURES** (Check all that apply)Fee Transmittal Form  
(1 p., submitted in duplicate).

Fee Attached



Amendment/Reply 34 pp.).



After Final



Affidavits/declaration(s)

Extension of Time Request  
(1 p., submitted in duplicate).

Express Abandonment Request



Information Disclosure Statement



Drawing(s)



Licensing-related Papers



Petition

Petition to Convert to a  
Provisional ApplicationPower of Attorney, Revocation  
Change of Correspondence AddressTerminal Disclaimer over 09/724,569  
(1 p.).

Request for Refund



CD, Number of CD(s) \_\_\_\_\_



Landscape Table on CD



After Allowance Communication to TC

Appeal Communication to Board  
of Appeals and InterferencesAppeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please identify  
below):

Return Postcard

Certified Copy of Priority  
Document(s)Reply to Missing Parts/ Incomplete  
ApplicationReply to Missing Parts  
under 37 CFR 1.52 or 1.53

Remarks

The Commissioner is authorized to charge any additional fees to Deposit  
Account 20-1430.The attached Terminal Disclaimer, which disclaims U.S. Application No. 09/724,569, is being  
filed simply as a precaution and should not be construed as an acquiescence to obviousness  
type double patenting.**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

Joe Liebeschuetz

Date

April 17, 2006

Reg. No.

37,505

**CERTIFICATE OF TRANSMISSION/MAILING**I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient  
postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA  
22313-1450 on the date shown below.

Signature

Typed or printed name

Yvonne Mock

Date

April 17, 2006



Enacted pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 130**Complete if Known**

Application Number	09/471,669
Filing Date	December 24, 1999
First Named Inventor	Anderson, John P.
Examiner Name	Walicka, Malgorzata A.
Art Unit	1652
Attorney Docket No.	015270-006430US

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity	Small Entity
	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

  

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Multiple Dependent Claims
				Fee (\$)	Fee Paid (\$)
_____ -20 or HP = _____	x _____	= _____			

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ -3 or HP = _____	x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1.20(d) Statutory (Terminal) Disclaimer Fee**Fees Paid (\$)**130**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 37,505	Telephone 650-326-2400
Name (Print/Type)	Joe Liebeschuetz		Date April 17, 2006